



City Clerk's Office
304 South Indiana Avenue
Kankakee, IL 60901
Phone: (815)933-0480 Fax: (815)933-0482
Web Site: www.citykankakee-il.gov
Email: businesslicense@citykankakee-il.gov

APPLICATION FOR BUSINESS LICENSE RENEWAL/RE-REGISTRATION

A non-profit organization shall complete the business license application form and be required to comply with all of the provisions of this ordinance; however, it shall not be required to pay a license fee.

Renewal Fee \$100.00 – Cash for Gold \$1,000

(Please make checks payable to: City of Kankakee)

Please complete this application in its entirety and attach all required documentation listed.
Incomplete applications will be returned.

- ☐ Copy of current Illinois Sales Tax Certificate (if applicable)
- ☐ Copy of current Fire Inspection Report (please call 815-933-0458 to obtain your report)
- ☐ Copy of current Proof of Insurance coverage on building showing the policy period
- ☐ Copy of current State License (if applicable: i.e., a state-licensed business or profession)
- ☐ Copy of proof of non-profit (if applicable: i.e. tax-exempt certificate or 501c3 form)
- ☐ Copy of current Kankakee County Health Department License (if applicable)

Business Name: _____ **D/B/A:** _____

Address: (P.O. Box Not Acceptable) _____

City: _____ State: _____ Zip: _____

Business phone number: _____

Email: _____

Alternate Mailing Address (if different from above):

Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____

Email: _____

Business Owner/Main local Contact

Name: _____ Phone: _____

A BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES
BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK ON THE PREMISES.

I understand that the issuance and continuation of this license is conditioned upon compliance with all city codes and ordinances, as well as State and Federal Law, and the result of any inspection of the above premise at this time, or any subsequent inspection while this license is in force. I also understand that I, my business, or any business I am affiliated with will not be issued a business license if I owe any outstanding debt to the City of Kankakee. I acknowledge that I am signing this information form under the penalty of perjury and that all information is true and correct.

Print Name: _____ Signature: _____ Title: _____